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## \*\* CONTINUING DATA \*\*\*\*\*

None in

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None in

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
 Examiner's Signature		Initials			

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## TITLE

Method and system for displaying regions of pathological interest

FILING FEE RECEIVED 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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